

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/563,045
Filing Date	December 30, 2005
First Named Inventor	Alessandro Moretta
Title	Compositions and Methods for ...
Art Unit	
Examiner Name	
Attorney Docket Number	INN-133

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23557

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Mariella Della Chiesa</i>	Date	May 2, 2006
Name	MARIELLA DELLA CHIESA	Telephone	39-10-3537886
Title and Company	UNIVERSITY OF GENOA, DEPT. OF EXPERIM. MEDICINE		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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## **SIGNATURE of Applicant or Assignee of Record**

Signature	<i>A. Moretta</i>	Date	May 2, 2006
Name	ALESSANDRO MORETTA	Telephone	+39-10-3537868
Title and Company	UNIV. OF GENOA, DEPT. OF EXPERIMENTAL MEDICINE		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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